

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10625

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE KODESH CONGREGATION (INC.)

Current Principal Place of Business:

17415 NE 9TH COURT
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17415 NE 9TH COURT
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 58-1573662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRON, RABBI MICHAEL
17415 NE 9TH COURT
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDRON, MICHAEL,
Address: 17415 NE 9TH COURT
City-St-Zip: N. MIAMI BEACH, FL

Title: VD () Delete
Name: MOSHE, RAAB PHD
Address: 53 HAGITIT ST
City-St-Zip: MAALEH ADUMIM, IS 98390

Title: STD () Delete
Name: CHERNICK, ANDREW,
Address: 43-A HAGALL ST.
City-St-Zip: KFAR SABAR, IS

Title: PD () Delete
Name: GROSSBARD, HARVEY DR,
Address: PO BOX 1898
City-St-Zip: CHASHMONAIM, IS 73127

Title: D () Delete
Name: HEINEMANN, JACK
Address: 1020 NE 177TH TERRACE
City-St-Zip: N MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ANDRON

DR.

04/28/2006

Electronic Signature of Signing Officer or Director

Date